

OCT 05 2006

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& PRESSER, P.C.****Fax****To:** Examiner Philip Robert Smith  
Art Unit: 3739**From:** Thomas Spinelli, Esq.  
Registration No.: 39,533**Fax:** 571-273-8300**Pages:** 9**Phone:** 571-272-6087**Date:** October 5, 2006**Re:** USSN: 10/635,044  
Our Docket: 16894**CC:****RESPONSE TO FINAL OFFICE ACTION**

The following is being filed with the U.S. Patent and Trademark Office via facsimile on October 5, 2006:

1. Response Under 37 C.F.R. § 1.116 W/Transmittal in Duplicate
2. Certificate of Facsimile Transmission

Applicants: Ryuta Sekine, et al.  
Serial No.: 10/635,044  
For: ENDOSCOPIC TREATMENT SYSTEM  
Filed: August 5, 2003  
Docket: 16894  
Dated: October 5, 2006  
TS:cm

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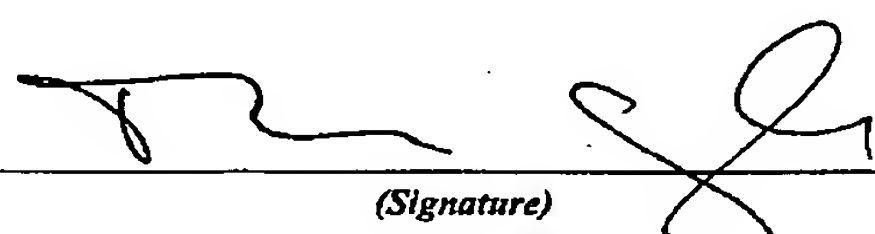
# 3/ 9

**OCT 05 2006**

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>16894</b>									
Applicant(s): <b>Ryuta Sekine, et al.</b>														
Application No. <b>10/635,044</b>	Filing Date <b>August 5, 2003</b>	Examiner <b>Philip Robert Smith</b>	Customer No. <b>23389</b>	Group Art Unit <b>3739</b>	Confirmation No. <b>6986</b>									
Invention: <b>ENDOSCOPIC TREATMENT SYSTEM</b>														
<b><u>COMMISSIONER FOR PATENTS:</u></b>														
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.														
<b>CLAIMS AS AMENDED</b>														
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE									
TOTAL CLAIMS	37 -	38 =	0	x \$50.00	\$0.00									
INDEP. CLAIMS	7 -	7 =	0	x \$200.00	\$0.00									
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00									
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>									
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>19-1013/SSMP</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.														
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>														
 _____ Signature			Dated: <b>October 5, 2006</b>											
<b>Thomas Spinelli</b> Registration No.: <b>39,533</b>			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</td> </tr> <tr> <td style="width:50%; text-align: center;">(Date)</td> <td style="width:50%;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">Signature of Person Mailing Correspondence</td> </tr> <tr> <td colspan="2" style="text-align: center;">Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table>				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____		(Date)		Signature of Person Mailing Correspondence		Typed or Printed Name of Person Mailing Correspondence	
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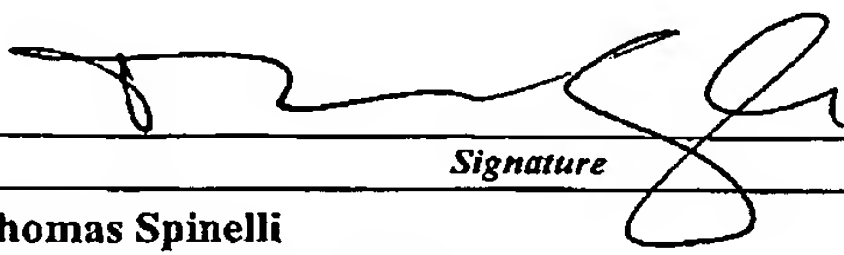
P11LARGE/REV10

OCT 05 2006

<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b> Applicant(s): Ryuta Sekine, et al.			Docket No. 16894
Application No. 10/635,044	Filing Date August 5, 2003	Examiner Philip Robert Smith	Group Art Unit 3739
Invention: ENDOSCOPIC TREATMENT SYSTEM			
Confirmation No.: 6986			
<p>I hereby certify that this <u>RESPONSE UNDER 37 C.F.R. SECTION 1.116</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>)</p> <p>on <u>October 5, 2006</u> (Date)</p> <p><u>Thomas Spinelli</u> (Typed or Printed Name of Person Signing Certificate)</p> <p> (Signature)</p>			

Note: Each paper must have its own certificate of mailing.

OCT 05 2006

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>16894</b>	
Applicant(s): <b>Ryuta Sekine, et al.</b>						
Application No. <b>10/635,044</b>	Filing Date <b>August 5, 2003</b>	Examiner <b>Philip Robert Smith</b>	Customer No. <b>23389</b>	Group Art Unit <b>3739</b>	Confirmation No. <b>6986</b>	
Invention: <b>ENDOSCOPIC TREATMENT SYSTEM</b>						
<b>COMMISSIONER FOR PATENTS:</b>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	37 -	38 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	7 -	7 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<div style="display: flex; flex-direction: row;"><div style="flex: 1;"><p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p><p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p><p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p><p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>19-1013/SSMP</b></p><p style="margin-left: 20px;"><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p><p style="margin-left: 20px;"><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p><p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p><p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p></div><div style="flex: 1; text-align: right;"><p>Dated: <b>October 5, 2006</b></p></div></div>						
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p style="text-align: center;"> _____ Signature</p><p><b>Thomas Spinelli</b> Registration No.: <b>39,533</b></p></div><div style="width: 50%; border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</p><p style="text-align: center;">(Date)</p><p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p><p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p></div></div>						
CC:						

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OCT 05 2006

**RESPONSE UNDER 37 C.F.R.  
§1.116 EXPEDITED PROCEDURE  
EXAMINING GROUP 3789****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Applicant(s):** Ryuta Sekine, et al.                      **Examiner:** Philip Robert Smith  
**Serial No:** 10/635,044                      **Art Unit:** 3739  
**Filed:** August 5, 2003                      **Docket:** 16894  
**For:** ENDOSCOPIC TREATMENT                      **Dated:** October 5, 2006  
              SYSTEM  
**Conf. No.:** 6986

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Alexandria, VA 22313-1450

**RESPONSE UNDER 37 C.F.R. § 1.116**

Sir:

In response to the Final Official Action dated July 24, 2006, Applicants respectfully request reconsideration of the above-identified application in light of the following amendments and remarks:

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**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this paper is being facsimile transmitted to the U.S. Patent and Trademark Office on the date set for below.

Dated: October 5, 2006

  
Thomas Spinelli

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